Baroness Hilary Armstrong (HA) opened the meeting by explaining that Agenda and AVA asked if she would chair a commission on women with complex needs. Almost all of them have suffered violence and abuse. The commission has been funded by the Lloyds Foundation and it has been fascinating, she said. Mainstream services don’t cope with these women. Only 2 refuges in the country will take these women because they pose a danger to themselves and young children who may be living there.

She explained that the commission put out a call for evidence. They have recruited and trained a team of peer researchers. 70 women applied and 12 were appointed. The purpose of the peer researchers is to enable women to submit their own evidence directly to the commission.

HA said that the commission intends to deliver some very straight forward practical recommendations. It is not focusing on how women end up this way. Rather, it is about how we can address their needs in a joined up way. A report will be published later in the year.

Katherine Sacks-Jones (KSJ) – Director of Agenda: Agenda campaigns to improve how the system responds to poverty, gender based-based violence, poor mental health and addiction.

KSJ explained the background to the commission. A year ago Agenda were approached by AVA because there was not enough public attention on particular issues women face. There is a lack of empathy, stigma and a lack of help which means women move from crisis to crisis. When people face multiple disadvantage, when they have experienced life long gender-based disadvantage, when they are mothers, they are particularly at risk of exploitation highlighted by the recent news story about ‘sex for rent’ adverts targeting homeless women.

The Mapping the Maze project looked at what support there was for this group. There is very patchy support available nationally. As a result women will often end up in generic mixed sex services. Addiction service users are ¾ male which can be intimidating for women. Services for women often don’t support substance misuse or mental health. Women fall through the gaps bouncing from crisis to crisis. We need tailored services and trauma-informed approaches. As Hilary said, the commission is very practical and focused on what needs to change, giving voice to women’s experiences.
Aviah Day – AVA: For survivors, knowledge is power. Survivors know what they need. The peer research project is a very exciting element of the commission. Peer researchers have been recruited from across the country. They have been trained in research methods and are talking to other women and will present their report to the commission in June.

The call for evidence from professionals has received 80 submissions. Emerging themes are: how much women value trauma-informed services and the need for treatment and support in a safe space. Integrated services can make a huge difference. AVA will present a thematic analysis of the themes to the commission in April. The commission has also established a Community of Practice. 20 professionals will be brought together to meet the Commission. This programme is unique in that it is combining practitioner and survivor knowledge. The report will come out in the autumn. If APPG network members would like to keep in touch they can sign up to the mailing list here.

Karen Bailey (KB) – King’s College London: A model for integrated services – called Seeking Safety – has been taken from the US and is being tested in the UK. It is being piloted in Camden by Cranstoun and the Women and Girls Network and I am evaluating the pilot as part of my doctoral research at King’s College London. As part of this, I have undertaken interviews with practitioners working in domestic violence and substance misuse practitioners and clinical psychologists. A dual diagnosis of PTSD and substance misuse is more common than we think. 30-59% of women in substance misuse services have PTSD. In the UK there is a lack of evidence for trauma informed practice. It is more common in the US. The Nelson Trust are doing this work in the UK.

The NICE guidance on PTSD is that you need to treat substance misuse before you treat PTSD but this is problematic because people experiencing PTSD may have difficulty engaging with treatment. The Orange Book (treatment guidelines for substance misuse) was revised last year to say that substance misuse services must address domestic violence and must be trauma informed.

Symptoms of PTSD include: being hyper alert and hyper vigilant, depression, anxiety, shame, guilt and re-living their experiences. People find it difficult to manage their emotions and feel the world is a dangerous place.

KB explained that the accepted model is staged treatment:

1. Safety - establish physical safety
2. Stabilisation - developing coping skills in order to address self-harm and substance misuse. This can be an extremely lengthy process and can take years
3. Treatment of PTSD – tackling reliving the trauma on a loop – using established evidence based techniques
4. Reconnection with values in order to rebuild your life

KB spoke about a number of themes that have emerged through her research:

- Clients drink to self-medicate as a coping mechanism
- Services need to focus on ‘what’s wrong with you?’ as opposed to ‘what’s happened to you?’
- Women with complex needs often go through a repeating cycle of detox, PTSD re-emerges and relapse
The key thing that makes a difference is women’s relationship with their key worker. Women often say that NHS clinicians don’t advocate for you but the voluntary sector do. On-going abuse prevents engagement with substance misuse and mental health services. Importance of extensive safety and stabilisation work. The need for psycho-education around how substance misuse effects what you think is helping you e.g. taking something which knocks you out at night and stops you having nightmares is actually causing greater harm. Being frightened about facing a deep set of traumatic memories stone cold sober – the focus should be on developing coping skills, emotional regulation.

**KB** emphasized that the second stage of treatment is stabilisation which can take months rather than weeks. She said that the final stage focuses on self-identify, peer support, training and employment and this is a crucial part of a clinical intervention around PTSD.

She argued that multi-agency working was vital and a single service (e.g. the substance misuse service) cannot hold all the risk by itself. There are problems for women in accessing mental health services. Done properly, there is a role for substance misuse and mental health services to open up access to services for women with PTSD. Case management is really important and women’s safety needs to be taken seriously.

**Rose Mahon – The Nelson Trust (RM):** RM started by explaining the history of The Nelson Trust which has been working in Gloucester for 30 years. The organisation started the move from mixed provision to women only provision in 2004. The Nelson Trust is a social enterprise and provides women’s centres and street based provision, supporting women with complex challenges in their lives.

The talked about a problem the organisation identified that they weren’t retaining women in residential addiction services. She said that The Nelson Trust undertook research focusing on these women who were often the primary carers for children coming to treatment with unprocessed trauma. They were intimidated and didn’t feel safe and so decided to go home. This started The Nelson Trust’s journey towards developing women only services.

**RS** explained how she set up the first ever women only dry house. All the women had experienced childhood trauma and abuse. Staff trained under Babette Rothschild. She said that you have to address the trauma or you aren’t truly taking into account women’s experiences.

**RS** explained how women’s psychological make-up changes as a result of trauma. If women are triggered they move into one of three states: destructive action, self-destruction or shut down. This means they are often labelled as “not treatment ready, hard to reach or non-compliant”. In these case services are failing women - it is services responsibility not to be hard to reach. RM argued that services need to change their use of language, adjust the environment and check power relationships. At The Nelson Trust, the entire service is set up to help women cope with their emotions.

The Nelson Trust started their journey in 2004. Initially they set up a children’s visiting flat and a family therapy service. Women thrive in relationships so we focussed on creating safe relationships.
The Nelson Trust looked to the US and the work of Dr Stephanie Covington. They began to develop women only, holistic community services which support people to navigate benefits and housing, providing practical support and childcare. The model was replicated in Swindon in 2013.

In order to develop these sorts of services you need buy-in at all levels, she said. Our key principles are: safety, trustworthy, choice and collaboration. We invest in training for all staff and offer coping mechanism to women – normalising responses to abnormal situations.

The final member of the panel was Lisa, a women who had used the services provide by The Nelson Trust. She told the meeting about how she had left Nelson 6 months ago. She had been in and out of services for 20 years and first went into rehab when she was 24 years old. She talked about how she had thought it was just about drugs. This time last year she was in a homeless hostel in Bristol, luckily it was a women only hostel. She had been selling sex, which is what a lot of women in her situation do. When Lisa first heard about trauma informed services, the word scared her. She had been to prison and she has multiple and complex needs. Lisa said that sometimes she feels really sad that she had to go through all of this but that she feels really grateful to be invited to something like this because it is so important. Lisa talked about how she is quite intelligent and she has achieved things but because she didn’t understand what trauma was she couldn’t cope with normal situations. Lisa said it makes her feel hopeful to hear about the Commission.

Lisa talked about her experience of being part of the Fulfilling Lives project which was amazing. She cautioned professionals to look after so called ‘experts by experience’. Lisa said she feels privileged to be able to speak about my experience. Nelson Trust have enabled me to respond to abnormal situations in a normal way. On the train I saw a man who looked like someone who’d OD’d in a drugs house I was in in Bristol. She said she is still only on the start of her journey.

Lord Victor Adebowale (VA): Lord Victor thanked the panel. He reflected that they key themes for him were around power relationships and risk and working from the point of view of the client rather than the organisation.

Lord Victor opened the discussion to questions from the audience.

Questions for the panel included:

- What are the panel’s views on setting up a national buddying system to help at police stations, courts, hospitals?
- Lots of people working in the sector know about these issues, how does the panel think we can policy changed?
- Should we be encouraging a scheme whereby people should go into schools and enable children to report violence?

Baroness Hilary responded to question about how we get policy changed. She said that 10 years ago she was at the Cabinet Office as Minister for Social Exclusion - we were trying to bring a discipline across government to tackle cross cutting issues. We established ACE (Adults facing Chronic Exclusion) which involved 4 departments with a unified budget to overcome silo mentalities. Fulfilling Lives was part of the legacy although government didn’t acknowledge this and some great things have come out of this. She said you have to keep repeating the message – people in position
of influence change. Also you can’t do it all nationally – there are local gaps in services. The NHS is a good example of this. It will wait until it’s told what to do.

The Commission wants to give people an incentive at a local level to make services more effective. She reflected that when she set up the Rough Sleepers Unit – we needed people locally to understand what was required. Local authorities don’t want to have the adjacent local authority doing better than them.

KSJ said there is a government consultation on PHSE content which will be mandatory for all schools to deliver. I would suggest people who are interested in educating children around violence and encouraging reporting have a look at this and respond. There is also a Green Paper on child and adolescent mental health which will propose mental health teams in schools – this should cover children experiencing violence at home.

AD said the point about buddying is really important. Finding ways to involve experts by experience is becoming more and more popular. The first refuges were set up as a form of peer support and we are going back to this.

A local substance misuse commissioner said they have tried to commission a women only services and the necessary inter-disciplinary working is proving hard to establish particularly when you are having to take money out of a number of different budgets.

HA said she felt the quality of commissioning is patchy although she appreciates that money is very tight.

VA added that he felt commissioning should move you in the direction of integrated services for women with complex need. Not to commission this type of service costs you more in the long run.

The commissioner responded: The Lansley reforms didn’t help us. Most treatment services are quite fractured. I have to start small in order to demonstrate impact

KSW cited the current political interest in rough sleeping as a result of the increase in number. She said this was an opportunity to influence the agenda and point to the particular challenges facing women with complex needs on the streets.

A representative from MEAM asked about the hallmarks of an organisation that takes a trauma informed approach.

RM responded that it takes time to develop a trauma informed culture. It was a 14 year investment at The Nelson Trust which involved in-house and external training. All the staff in women’s residential services are supervised by an external trauma expert using the Enabling Environment tool from the Royal College of Psychiatrists. Every interaction with a service user is an opportunity to offer a reparative experience. Holding people to account is key

KB said that Harris and Fallot created a very detailed checklist for trauma informed services which was useful https://www.theannainstitute.org/TISA+PPROTOCOL.pdf
KSW said that women’s homelessness is less visible and as a result women are less likely to show up in the figures. Women sleep on buses because it is safer. There are more likely to engage in unwanted sexual activity to keep a roof over their heads. We need to keep raising the issues that women’s rough sleeping looks different.

HA said nobody should accept the ludicrously long term targets the government has proposed to bring the numbers of rough sleepers down (the current proposal is to half numbers by 2022).

VA said we should also start by prosecuting men who advertise accommodation in exchange for sex.

AD said it is important we look after experts by experience who are involved in raising the profile of this issue.

KSW reflected that this had been a very interesting conversation and we will pick up all the issues raised in the commission.

KB offered encouragement to the commissioner who was trialling women’s services and wished her success with her project.

HA said that while things are very difficult financially the #MeToo movement showed that people are starting to get the message.

RM thanked the audience for some really good questions and re-iterated that it was really good that women’s experience and voices are being heard.

Lisa said that there had been some really great comments and concluded by pointing out that it is a huge risk that women take in approaching services. She would like to see services take risks in the ways that they are innovating and getting out of their comfort zone in order to put the individuals they supporting first.

VA closed the session by thanking everyone for their excellent contributions and promising to raise the issue with the NHSE board and to share the learning from the commission with the APPG network.